

11/16/01
10821 U.S. PTO
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N-23-01

Atty. No. 077826-2002 A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Syed Z. Salahuddin
Title: PREPARATION OF REPLICATING
MACROPHAGES AND USE IN
DIAGNOSIS AND THERAPY
Appl. No.: Unknown
Filing Date: Unknown
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

EL 796239893 US (Express Mail Label Number)	November 16, 2001 (Date of Deposit)
<i>Pridge McDowell</i> (Printed Name) (Signature)	

10821 U.S. PTO
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11/16/01UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Syed Z. Salahuddin, of Ventura, California

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

Specification, Claim(s), and Abstract (25 pages)

Informal drawings (2 sheets, Figures 1-2)

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The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	38	20	= 18	x \$18.00 =	\$324.00
Independents:	2	3	= 0	x \$84.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+ \$280.00 =		\$0.00
			SUBTOTAL:	=	\$1064.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):				= \$532.00
	TOTAL FILING FEE:				= \$532.00

A check in the amount of \$532.00 to cover the filing fee is enclosed.

The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 16, 2001

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